

Vermont Department of Health

Random Moment Time Study

(RMTS)

Handbook

July 2010

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Section I. Calendar Request Form

Each year the project coordinator will be requested to complete the form below by 8/15 for the upcoming school year. In addition in March of each year the project coordinator will be requested to update the last day of the school year.

This is the cover email for the form.

Subject: Vermont Department of Health - Calendar by School Building for Medicaid Administrative Claiming

Dear MAC Project Coordinator,

In preparing for the Vermont Medicaid Administrative Claiming program (MAC) for the upcoming 2010-11 school year, Supervisory Unions/School Districts must complete the attached "calendar and staff hours" form, and submit it for each school within the Supervisory Union/School District. The form(s) will then be submitted back to School Based Claiming at the University of Massachusetts (UMASS) **by August 15, 2010**. Please email the form(s) back to the email address below. Remember to CC the Vermont Department of Health School Liaison in your area with your response.

The form identifies required information so the Random Moment Time Study (RMTS) process can accurately select days/times your schools within the Supervisory Union/School District will be in session.

If you have any questions or need further clarification, please do not hesitate to contact us at 1-800-535-6741 or email us at Schoolbasedclaiming@umassmed.edu

Thank you,

School-Based Medicaid Program at UMASS

Vermont SCHOOL YEAR CALENDAR For 2010-2011

Please complete the following form for each school within each Supervisory Union/School District you support and submit by 8/15/10

School Year:	2010 - 2011
Supervisory Union Name:	
School Name:	
First Day for Students	
Last Day for Students	

Holiday/Vacation Days

Please confirm by checking the box that the school has the following days off. Indicate any other additional days off not listed below

Labor Day	09/06/10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Columbus Day	10/11/10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teachers Convention	10/20-21/10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Day	11/11/10	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Martin Luther King Day	01/17/11	<input type="checkbox"/> Yes	<input type="checkbox"/> No
President's Day	02/21/11	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Memorial Day	05/31/11	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Holiday Date-no school			
Other Holiday Date-no school			
	<u>Start Date</u>	<u>End Date</u>	<u>Return Date</u>
Thanksgiving Recess			
Holiday Recess			
Winter Recess			
Spring Recess			
Please indicate other in-service, professional days, parent-teacher days when staff are working but students are not present.			
Staff in-service, professional or training days			
Other			

Staff Hours

Please indicate earliest start time and latest end times that MAC RMTS participants are scheduled to work in your school.

-	<u>Start Time</u>	<u>End Time</u>	

Section II. RMTS Participant List and Template

Forty-five days before the beginning of each RMTS quarter the project coordinator will receive a template populated with the participants from the previous RMTS. The project coordinator needs to update the template and return the updated template no later than 30 days prior to the start of the quarter.

Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E or C
	Active Y or N	FFP	FTE	School	

The Project Coordinator will choose the job description from a dropdown that includes:

School Psychologist

Psychologist

Registered Nurse

Licensed Practical Nurse

Nurse's Aide

Psychiatrist/Physician

Case Manager

School Adjustment Counselor

School Social Worker

Guidance Counselor

Certified Alcohol Counselors

Student Assistance Professionals (SAPS)

Home School Coordinators

Counselor/Mental Health Practitioner

Substance Abuse Workers

Project Coordinator

Dentist, Dental Hygienist

Pupil Support Services Director, Administrators/Assistants

Pupil Support Services clerical and technical support Personnel

Health Coordinators

Nursing Director, Administrators/Assistants

Nursing clerical and technical support Personnel

Director of Guidance

Note: School personnel eligible to participate in this program are based on the actual job function that they perform, not on their job title.

Section III. Systems Requirements

The technical staff in all supervisory unions and school districts should review this document to insure that participants will receive emails and have access to the web site.

	Workstation Requirements
1.	Operating Systems <ul style="list-style-type: none">• Win 98 or higher.• Macintosh
2.	Web Browsers <ul style="list-style-type: none">• Internet Explorer 5.0 to 6.0; 7.0 with MS Windows XP or Vista• Netscape 7.1 or Higher• Safari• Mozilla Firefox 2.0 or Higher <p>Note: Internet Explorer web browser is not supported on Macintosh operating system. Netscape or Safari should be used instead of IE.</p>

	See Exhibit A for instructions on how to find your browser version and how to download the latest Internet Explorer, Netscape, Safari and Firefox browsers.
3.	Cookies <ul style="list-style-type: none"> Workstation: Enable cookie in browser. <p>See Exhibit A for instructions on enabling cookies.</p>
4.	Web Filters <ul style="list-style-type: none"> Workstations should allow access to the following URL's: Production Secure connection: https://www.chcf.net/chcfweb
5.	Email <ul style="list-style-type: none"> Email should allow delivery from SchoolBasedClaiming@UMassmed.edu and MedicaidinSchools@umassmed.edu in large quantities on a single day.
6.	Online Training Application Flash Player is needed to run the online training program. The following link http://www.macromedia.com/software/flash/about/ has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.
	System Administration Requirements
7.	Cookies <ul style="list-style-type: none"> System administrator: If there is a proxy server, set proxy NOT to cache the www.CHCF.net domain Actual web site URL's Production Secure connection: https://www.chcf.net/chcfweb <p>Note: www.CHCF.net cookies (sessions) are tied to the URL and IP address.</p>
8.	Routers <ul style="list-style-type: none"> If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.111.50.
9.	Email <ul style="list-style-type: none"> Email servers should allow email delivery from SchoolBasedClaiming@UMassmed.edu and MedicaidinSchools@umassmed.edu. Email Server IP – emails may be sent through various IP mail gateways: 146.189.253.28, 146.189.253.29, 146.189.253.30, 146.189.195.116,

	146.189.195.117, 146.189.195.119, 146.189.195.120, 146.189.195.4
10.	Web Filters <ul style="list-style-type: none"> Allow access to the following URL's: Production Site Secure Connection: https://www.chcf.net/chcfweb

Section IV. Notification and Reminder Emails

RMTS participants will receive notification of their moment 3 days before, 1 hour before and at the moment. If the moment is not completed they will receive reminder emails 2, 24, 48, 72, and 96 hours after the moment. The wording of those emails is below. The Project Coordinator and School Liaison will be copied on the 72 and 96 hour emails.

Welcome Email to New User:

Subject Line:

Vermont Department of Health – Medicaid Administrative Claiming Login Information

Body Text:

Welcome \$FirstName\$ \$LastName\$,

This confirms your registration in the University of Massachusetts Medical School's Medicaid Administrative Claiming (MAC) system.

In the event you are selected to participate in this quarter's MAC Random Moment Time Study process, you will receive future email notification(s) to that effect.

You will then need the following information to log in and complete your assigned moment(s):

Your user ID is \$UserId\$

Your initial, temporary password: \$Password\$

The website: \$URL\$

IMPORTANT INFORMATION:

1) The user ID and password are case sensitive. Enter them exactly as shown above in upper and lower-case.

2) For security reasons, when you login for the first time, you will be asked to create a new password. Passwords must be at least eight (8) characters long and include both letters and numbers. Once you create your private password, the initial, temporary password becomes invalid.

3) If you forget your password or need a new one, you can reset your password: On the main login screen, click on the "Reset/Forgot Password?" link and follow

the instructions.

4) If you would like to review the RMTS process, log in, select "Online Training" from the left navigation, and follow the instructions.

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Reset Password Email

Subject Line:

Vermont Department of Health – Medicaid Administrative Claiming Login Information

Body Text:

Welcome \$FirstName\$ \$LastName\$,

This confirms your registration in the University of Massachusetts Medical School's Medicaid Administrative Claiming (MAC) system.
Your user ID is \$UserId\$

Your initial, temporary password is \$Password\$

Please use the following web site to login: \$URL\$

NOTE:

1) The user ID and password are case sensitive. Please enter them exactly as stated above in upper and lower-case.

2) For security reasons, when you login for the first time, you will be asked to set a new password. Passwords must be at least 8 characters long with a combination of both letters and numbers. Once your password is changed, you cannot use your initial, temporary password.

3) If you forget your password or need a new one, you can reset your password. On the main login screen, click on the "Reset/Forgot Password?" hyperlink and follow the instructions.

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Prior RMTS Email Notices

Subject Line 3 days prior:

Vermont Department of Health – 3 day advance notice of MAC RMTS moment

3 days prior Body Text:

Welcome \$FirstName\$ \$LastName\$,

The purpose of this email is to provide a three-day advance notice that you have been selected to participate in the MAC Random Moment Sample Time Study for \$SchoolDistrict\$.

Your sample moment in time will occur at \$RMSTime\$.

You will receive one additional reminder, one hour before the time. Once the assigned moment has arrived, you will be able to click the link provided and complete your observation form.

Your User ID, \$UserId\$, will be pre-populated, but you will need your password to access your form.

Here is the link to the site. It is also provided in subsequent reminder emails:

\$URL\$

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont.

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Subject Line 1 hour prior:

Vermont Department of Health – 1 hour advance notice of MAC RMTS moment

1 hour prior Body Text:

Welcome \$FirstName\$ \$LastName\$,

The purpose of this email is to provide a one-hour advance notice that you have been selected to participate in the MAC Random Moment Sample Time Study for \$SchoolDistrict\$.

Your sample moment in time will occur at \$RMSTime\$.

Once the assigned moment has arrived, you will be able to click the link below and complete your observation form. You will also receive a final notification immediately prior to the actual moment assigned to you.

Note that your User ID, \$UserId\$, will be pre-populated, but you will need your password to access your form.

Here is the link to the site, also provided in the final notice that the actual moment has arrived:

\$URL\$

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Subject Line:

Vermont Department of Health – Time to Complete your MAC RMTS moment now

Body Text:

Welcome \$FirstName\$ \$LastName\$,

As indicated through prior emails, you have been selected to participate in the Vermont Medicaid Administrative Claiming Random Moment Time Study for \$SchoolDistrict\$.

It is essential that you now take the time to click on the link below and document your activity. This will ensure that your Supervisory Union/School District receives the proper Medicaid Administrative Claiming reimbursement.

Your sample moment in time occurs at \$RMSTime\$. Once your moment is ‘active’ you will have 5 school days to document your time.

\$URL\$

Note: Your User ID, \$UserId\$, will be pre-populated, but you will need your password to access your form. Click on the ‘Reset/Forgot Password?’ link on the site if you need to have your password reset.

If you have already completed your moment, you may verify or edit your entry by logging in, and clicking ‘Prior Moments’.

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Late Notice Emails

2 hours after Subject Line:

Vermont Department of Health - Your MAC RMTS Moment has not been completed

2 hours after Body Text:

Welcome \$FirstName\$ \$LastName\$,

Recently, you were selected to participate in the MAC Random Moment Time Study for \$SchoolDistrict\$, but our record indicates that you have not yet recorded your assigned moment.

Your participation is an important part of the Medicaid reimbursement for your Supervisory Union/School District. Please complete your sample moment which occurred on \$RMSTime\$ before it expires.

Simply click on the link below and record your activity for the assigned time:

\$URL\$

Your user id is \$UserId\$.

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

24 hours after Subject Line:

Vermont Department of Health - Your MAC RMTS Moment will expire in 4 school days

24 hours after Body Text:

Welcome \$FirstName\$ \$LastName\$,

Recently, you were selected to participate in the MAC Random Moment Time Study for \$SchoolDistrict\$, but our record indicates that you have not yet recorded your assigned moment.

Your participation is an important part of the Medicaid reimbursement for your Supervisory Union/School District. Please complete your sample moment which occurred on \$RMSTime\$ before it expires.

Simply click on the link below and record your activity for the assigned time:

\$URL\$

Your user id is \$UserId\$.

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

48 hours after Subject Line:

Vermont Department of Health - Your MAC RMTS Moment will expire soon

48 hours after Body Text:

Welcome \$FirstName\$ \$LastName\$,

Recently, you were selected to participate in the MAC Random Moment Time Study for \$SchoolDistrict\$, but our record indicates that you have not yet recorded your assigned moment.

Your participation is an important part of the Medicaid reimbursement for your Supervisory Union/School District. Please complete your sample moment which occurred on \$RMSTime\$ before it expires.

Simply click on the link below and record your activity for the assigned time:

\$URL\$

Your user id is \$UserId\$.

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

VT 72 hours after Subject Line

Vermont Department of Health - Your MAC RMTS Moment will expire soon

72 hours after Body Text:

Welcome \$FirstName\$ \$LastName\$,

Recently, you were selected to participate in the MAC Random Moment Time Study for \$SchoolDistrict\$, but our record indicates that you have not yet recorded your assigned moment.

Your participation is an important part of the Medicaid reimbursement for your Supervisory Union/School District. Please complete your sample moment which occurred on \$RMSTime\$ before it expires.

Simply click on the link below and record your activity for the assigned time:

\$URL\$

Your user id is \$UserId\$.

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

VT 96 hours after Subject Line:

Vermont Department of Health - Your MAC RMTS Moment will expire soon

VT 96 hours after Body Text:

Welcome \$FirstName\$ \$LastName\$,

Recently, you were selected to participate in the MAC Random Moment Time Study for \$SchoolDistrict\$, but our record indicates that you have not yet recorded your assigned moment.

Your participation is an important part of the Medicaid reimbursement for your Supervisory Union/School District. Please complete your sample moment which occurred on \$RMSTime\$ before it expires.

Simply click on the link below and record your activity for the assigned time:

\$URL\$

Your user id is \$UserId\$.

Thank you for your time and dedication to this important revenue-generating program for your Supervisory Union/School District which will help with efforts to promote health outcomes for children in Vermont

Email / Online Time Study Contact Information:

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Section V. Moment Statuses and their Definitions

Incomplete: The moment is in the future or the time study participant has not answered the questions and the grace period has not ended.

Incomplete Expired: The time study participant has not answered the questions and the grace period is over.

Manual Incomplete: The time study participant has answered the questions and a coder has not reviewed the answers.

Automapped: The time study participant has answered the questions and the system has assigned an activity code.

Pending 1, 2 & 3: The coder has reviewed the time study participant's answers but needs additional information to accurately code the response.

Pending Expired Three requests for additional information have been sent to the time study participant and the time study participant has not responded.

First Approval: One coder has assigned an activity code to the moment and a second coder has not reviewed the assigned code yet.

Approved: The coder has reviewed the time study participant's answers and assigned an activity code.

Not Paid Time: The time study participant has indicated that they were not scheduled to work at the time of their moment.

Section VI. Change of Status

This form should be completed and submitted when a participant leaves the supervisory union during the quarter or goes on a long term leave of absence.

Vermont Medicaid Administrative Claiming

CHANGE OF STATUS DURING THE QUARTER

In the event that a random moment time study participant leaves the supervisory union/school district permanently or temporarily, or changes jobs and is no longer eligible to complete the time study, the project coordinator for the supervisory union/school district must complete this form, and email it to the School-Based Medicaid Program at the University of Massachusetts.

Supervisory Union/School District Name: _____

Time Study Participant Name: _____ Employee ID: _____

Reason for Change of Status: _____

Effective Date: _____

Number of generated moments this participant is responsible for that fall after the effective date:

Person Filling Out Form: _____ Today's Date: _____

Title: _____

This form must be submitted within the quarter the change occurs.

Please email completed form to schoolbasedclaiming@umassmed.edu

If you have any questions please email schoolbasedclaiming@umassmed.edu or call 800 535 6741 and select option 1.

Section VII. Predefined Answers

This list of predefined answers will be displayed so when the participant is completing the moment. If a time study participant does not understand the answers below please instruct him/her to free type in their response.

What were you doing?
Academic, social, vocational counseling to a student
Assisting people in applying for non-Medicaid programs
Assisting people in the Medicaid/Dr. Dynasaur eligibility process
Completing an evaluation including testing, assessment and paperwork regarding educational issues.
Completing an evaluation including testing, assessment and paperwork regarding health issues
Providing Direct Medical Services
IEP Meeting or development
Informing people about Medicaid/Dr. Dynasaur, and how to access the program, and health resources available through the Medicaid program
Informing people about non-Medicaid programs and how to access them, and the health resources available through these non-Medicaid resources.
Lunch or Break Time
Making notes following the delivery of medical services to a student
Making referrals for and/or coordinating access to social and educational services
Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations/assessment - when this is not an integral part of a direct medical service.
Not Scheduled to work - non paid time
School closed due to inclement weather
Sick, personal or vacation time - paid time off
Supervising students (bus, lunch or hall duty)
Teaching an academic subject
Training/professional development to improve/enhance the curriculum or academic instruction.
Training/professional development to improve/enhance the delivery of health services to students.
Who were you with? Please do not use actual names.
Alone
Alone - telephone conversation
Not Applicable
Parents/Guardians
School Staff
School staff and parents/guardians
Student(s)
Students and School Staff

Why were you performing this activity?
Administrative Task
Correct or ameliorate a medical condition
Crisis Management - Health related issue
Crisis Management - Non-Health related issue
Determine student's eligibility for related services
Educational Requirement
Improve health services for students
Not Applicable
Parent request
Part of job duties and requirements
Prescribed in IEP
Provide information regarding educational status or progress toward academic goals
Provide information regarding status or progress toward goals for health related services (OT, PT, Speech, Vision, Audiology)
Supervising Staff
Supervision of students

Section VIII. RMTS Compliance Reports

1. RMTS Participant Moment by Date: This report lists all moments for a specific date range within the quarter by the individual Provider. It allows school Time Study Coordinators to monitor the status of moments during a specified time. It would be used to send reminders to time study participants. It includes the time study participant's name, employee ID number, job description, job code, email, school district, school (if available), the date and time of the moment, the date and time of the end of the grace period and the status of the moment.
2. RMTS Participant Moments Completed: This report lists details of moments the time study participant has completed. It allows Time Study Coordinators to know which time study participants have successfully answered the questions for their assigned moment in a timely fashion. It includes the time study participant's name, employee ID number, job description, job code, email, school district, school, if available, the date and time of the moment, the date and time of the end of the grace period and the status of the moment.
3. RMTS Participant Moment Not Completed: This report lists details of moments the time study participant has not completed. It allows Time Study Coordinators to know which time study participants have not answered the questions for their assigned moment so they can send additional reminders. It includes the time study participant's name, employee ID number, job description, job code, email, school district, school (if available), the date and time of the moment, the date and time of the end of the grace period and the status of the moment.
4. RMTS Compliance Status Report: This report shows details of how many moments each job group has during the quarter and how many are completed. It allows Time Study Coordinators to monitor in aggregate how many moments have occurred, how many are completed and the percentage of completed moments to total quarterly moments. For each job group it includes Total Number of Moments for quarter, Number of Moments occurred to date, Number of Moments completed to date, Number of Moments not completed and expired, Number of

Moments not completed and not expired, and Number of Moments Completed to date/Total Number of Moments for quarter.

The following steps outline the process for accessing and using the compliance reports:

Step 1: Click on the left navigation bar 'Reports.'

SCHOOL-BASED MEDICAID PROGRAM
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

Administrative Claiming
Random Moment Time Study
Random Moments
Reports
Online Training

Welcome Green Mountain, There are currently no active moments for you to complete. Future moments are not accessible until that moment. If you would like to view or edit prior moments, please click the 'Prior Moments' tab. Note: Prior moments may only be edited if they are within the 10-day grace period. Thank you for your participation.

Active Moments | **Prior Moments**

You have no active moments to complete at this time.

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 10 day(s) from the Moment time.

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.

Step 2: Click on the name of the report you wish to view or print.

SCHOOL-BASED MEDICAID PROGRAM
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

Administrative Claiming
Random Moments
Reports
Online Training

AAC Reports

Administrative Activity Claim Reports

Random Moment Time Study Reports

- [RMTS Participant Moment by Date Report](#)
- [RMTS Participant Moment Not Completed Report](#)
- [RMTS Participant Moments Completed Report](#)
- [RMTS Compliance Report](#)

Step3: Select quarter and year and click on refresh. Enter date range, then click on 'View as excel.' Note: The system defaults to the current quarter and year.

SCHOOL-BASED MEDICAID PROGRAM

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

[My Profile](#) | [Home](#) | [Logout](#)

Administrative Claiming

Reports

Online Training

AAC Reports
RMTS Participant Moment by Date Report

State : VT

Year : 2011

Statewide : Included

Job Position : ALL

*Start Date :

% of Moments to be reviewed :

Quarter : First Quarter [Refresh](#)

School District : Demo S. U.

*End Date :

[View As Excel](#)
[Back to Reports](#)

RMTS Participant Moment by Date:

	A	B	C	D	E	F	G	H
1	RMTS Participant Moment by Date Report							
2	Run Date:	7/22/2010						
3	Run Time:	8:32:29 AM	EST					
4	State:	VT						
5	School District:	Demo S. U.						
6	Job Position:	ALL						
7	Year:	2011						
8	Quarter:	1						
9	Date:	07/19/2010-07/21/2010						
10	Statewide:	Included						
11	Name	Emp ID	Job Desc	Job Code	Moment	End of Grace Period	Email	Status
12	Vermont,Ariel	84	Registered Nurse	01	07/19/2010 01:13 PM EST	07/24/2010 01:13 PM EST	email@vermont.edu	Manual Incomplete
13	Vermont,Webster	109	Registered Nurse	01	07/19/2010 01:38 PM EST	07/24/2010 01:38 PM EST	email@vermont.edu	Auto Mapped
14	Vermont,Abby	119	Registered Nurse	01	07/19/2010 01:42 PM EST	07/24/2010 01:42 PM EST	email@vermont.edu	Manual Incomplete
15	Vermont,Joseph	108	Nurse's Aide	01	07/19/2010 01:59 PM EST	07/24/2010 01:59 PM EST	email@vermont.edu	Auto Mapped
16	Vermont,Agatha	48	Nurse's Aide	01	07/19/2010 02:01 PM EST	07/24/2010 02:01 PM EST	email@vermont.edu	Approved
17	Vermont,Edward	62	Registered Nurse	01	07/19/2010 02:03 PM EST	07/24/2010 02:03 PM EST	email@vermont.edu	Manual Incomplete
18	Vermont,Abigail	120	Dental Hygienist	01	07/19/2010 02:31 PM EST	07/24/2010 02:31 PM EST	email@vermont.edu	Incomplete
19	Vermont,Tom	9	Registered Nurse	01	07/19/2010 02:52 PM EST	07/24/2010 02:52 PM EST	email@vermont.edu	Approved
20	Vermont,Laura	28	Nurse's Aide	01	07/19/2010 12:54 PM EST	07/24/2010 12:54 PM EST	email@vermont.edu	Manual Incomplete
21	Vermont,Rosemary	7	Registered Nurse	01	07/20/2010 01:04 PM EST	07/25/2010 01:04 PM EST	email@vermont.edu	Incomplete
22	Vermont,Deborah	81	Director Of Guidance	01	07/20/2010 01:09 PM EST	07/25/2010 01:09 PM EST	email@vermont.edu	Auto Mapped
23	Vermont,Sally	1	Director Of Guidance	01	07/20/2010 01:29 PM EST	07/25/2010 01:29 PM EST	email@vermont.edu	Incomplete
24	Vermont,Martin	73	Director Of Guidance	01	07/20/2010 01:38 PM EST	07/25/2010 01:38 PM EST	email@vermont.edu	Auto Mapped
25	Vermont,Anna	95	Guidance Counselor	01	07/20/2010 02:34 PM EST	07/25/2010 02:34 PM EST	email@vermont.edu	Incomplete
26	Vermont,Emily	43	Director Of Guidance	01	07/20/2010 02:43 PM EST	07/25/2010 02:43 PM EST	email@vermont.edu	Manual Incomplete
27	Vermont,August	44	Registered Nurse	01	07/20/2010 02:50 PM EST	07/25/2010 02:50 PM EST	email@vermont.edu	Incomplete
28	Vermont,Juliet	75	Guidance Counselor	01	07/20/2010 03:02 PM EST	07/25/2010 03:02 PM EST	email@vermont.edu	Approved
29	Vermont,Jim	68	Nurse's Aide	01	07/20/2010 03:06 PM EST	07/25/2010 03:06 PM EST	email@vermont.edu	Auto Mapped
30	Vermont,Lisa	209	Student Assistance Professionals (SAP)	01	07/20/2010 03:38 PM EST	07/25/2010 03:38 PM EST	email@vermont.edu	Manual Incomplete
31	Vermont,Nancy	29	Registered Nurse	01	07/20/2010 03:58 PM EST	07/25/2010 03:58 PM EST	email@vermont.edu	Auto Mapped
32	Vermont,Charles	104	Registered Nurse	01	07/21/2010 03:11 PM EST	07/26/2010 03:11 PM EST	email@vermont.edu	Auto Mapped
33	Vermont,Charlotte	111	Director Of Guidance	01	07/21/2010 03:24 PM EST	07/26/2010 03:24 PM EST	email@vermont.edu	Auto Mapped
34	Vermont,Cynthia	76	Guidance Counselor	01	07/21/2010 03:32 PM EST	07/26/2010 03:32 PM EST	email@vermont.edu	Auto Mapped
35	Vermont,Patry	61	Director Of Guidance	01	07/21/2010 03:59 PM EST	07/26/2010 03:59 PM EST	email@vermont.edu	Manual Incomplete
36	Vermont,Webster	109	Registered Nurse	01	07/21/2010 08:05 AM EST	07/26/2010 08:05 AM EST	email@vermont.edu	Approved
37	Vermont,June	46	Guidance Counselor	01	07/21/2010 08:07 AM EST	07/26/2010 08:07 AM EST	email@vermont.edu	Auto Mapped
38	Vermont,Alice	33	Director Of Guidance	01	07/21/2010 08:09 AM EST	07/26/2010 08:09 AM EST	email@vermont.edu	Approved
39	Vermont,Charlotte	111	Director Of Guidance	01	07/21/2010 08:33 AM EST	07/26/2010 08:33 AM EST	email@vermont.edu	Auto Mapped
40	Vermont,Linda	27	Registered Nurse	01	07/21/2010 08:48 AM EST	07/26/2010 08:48 AM EST	email@vermont.edu	Incomplete
41	Vermont,Thomas	71	Director Of Guidance	01	07/21/2010 09:16 AM EST	07/26/2010 09:16 AM EST	email@vermont.edu	Manual Incomplete
42	Vermont,Natalia	55	Guidance Counselor	01	07/21/2010 09:23 AM EST	07/26/2010 09:23 AM EST	email@vermont.edu	Approved

RMTS Participant Moments Completed:

	A	B	C	D	E	F	G	H
1	RMTS Participant Moments Completed Report							
2	Run Date: 7/22/2010							
3	Run Time: 8:36:40 AM EST							
4	State: VT							
5	School District: Demo S. U.							
6	Job Position: ALL							
7	Year: 2011							
8	Quarter: 1							
9	Statewide: Included							
10	Date: 07/19/2010 - 07/19/2010							
11								
12	Name	Emp ID	Job Desc	Job Code	Moment	End of Grace Period	Email	Status
13	Vermont,Laura	28	Nurse's Aide	01	07/19/2010 09:19AM EST	10/03/2010 09:19AM	email@vermont.edu	Manual Incomplete
14	Vermont,Ed	106	Guidance Counselor	01	07/19/2010 10:37AM EST	10/03/2010 10:37AM	email@vermont.edu	Approved
15	Vermont,Ariel	84	Registered Nurse	01	07/19/2010 10:46AM EST	10/03/2010 10:46AM	email@vermont.edu	Approved
16	Vermont,Lisa	209	Student Assistance Professionals (SAP)	01	07/19/2010 11:45AM EST	10/03/2010 11:45AM	email@vermont.edu	Auto Mapped
17	Vermont,Laura	28	Nurse's Aide	01	07/19/2010 12:54PM EST	10/03/2010 12:54PM	email@vermont.edu	Approved
18	Vermont,Ariel	84	Registered Nurse	01	07/19/2010 01:13PM EST	10/03/2010 01:13PM	email@vermont.edu	Manual Incomplete
19								
20								

RMTS Participant Moment Not Completed:

	A	B	C	D	E	F	G	H
1	Report Name: RMTS Participant Moment Not Completed Report							
2	Run Date: 7/24/2010							
3	Run Time: 09:02:29 AM EST							
4	State: VT							
5	School District: Demo S. U.							
6	Job Position: ALL							
7	Year: 2011							
8	Quarter: 1							
9	Statewide: Included							
10	Date: 07/19/2010 - 07/19/2010							
11								
12	Name	Emp ID	Job Desc	Job Code	Moment	End of Grace Period	Email	Status
13	Vermont,Ann	90	Dental Hygienist	01	07/19/2010 08:03 AM EST	10/03/2010 08:03 AM EST	email@vermont.edu	Incomplete Expired
14	Vermont,Jeff	11	Director Of Guidance	01	07/19/2010 08:19 AM EST	10/03/2010 08:19 AM EST	email@vermont.edu	Incomplete Expired
15	Vermont,Derek	41	Director Of Guidance	01	07/19/2010 08:19 AM EST	10/03/2010 08:19 AM EST	email@vermont.edu	Incomplete Expired
16	Vermont,Marvin	15	Guidance Counselor	01	07/19/2010 08:35 AM EST	10/03/2010 08:35 AM EST	email@vermont.edu	Incomplete Expired
17	Vermont,Randy	10	Dental Hygienist	01	07/19/2010 08:58 AM EST	10/03/2010 08:58 AM EST	email@vermont.edu	Incomplete Expired
18	Vermont,Tom	9	Registered Nurse	01	07/19/2010 09:07 AM EST	10/03/2010 09:07 AM EST	email@vermont.edu	Incomplete
19	Vermont,Dylan	78	Nurse's Aide	01	07/19/2010 09:12 AM EST	10/03/2010 09:12 AM EST	email@vermont.edu	Incomplete
20	Vermont,Fred	5	Guidance Counselor	01	07/19/2010 09:18 AM EST	10/03/2010 09:18 AM EST	email@vermont.edu	Incomplete
21	Vermont,Dorothy	24	Registered Nurse	01	07/19/2010 09:36 AM EST	10/03/2010 09:36 AM EST	email@vermont.edu	Incomplete
22	Vermont,Morgan	77	Registered Nurse	01	07/19/2010 10:27 AM EST	10/03/2010 10:27 AM EST	email@vermont.edu	Incomplete
23	Vermont,Barbie	116	Guidance Counselor	01	07/19/2010 10:33 AM EST	10/03/2010 10:33 AM EST	email@vermont.edu	Incomplete
24	Vermont,James	69	Registered Nurse	01	07/19/2010 10:42 AM EST	10/03/2010 10:42 AM EST	email@vermont.edu	Incomplete
25	Vermont,Donald	32	Registered Nurse	01	07/19/2010 11:12 AM EST	10/03/2010 11:12 AM EST	email@vermont.edu	Incomplete
26	Vermont,Martin	73	Director Of Guidance	01	07/19/2010 11:35 AM EST	10/03/2010 11:35 AM EST	email@vermont.edu	Incomplete
27	Vermont,Thomas	71	Director Of Guidance	01	07/19/2010 11:39 AM EST	10/03/2010 11:39 AM EST	email@vermont.edu	Incomplete
28	Vermont,Frank	57	Registered Nurse	01	07/19/2010 11:49 AM EST	10/03/2010 11:49 AM EST	email@vermont.edu	Incomplete
29	Vermont,Martha	34	Registered Nurse	01	07/19/2010 12:10 PM EST	10/03/2010 12:10 PM EST	email@vermont.edu	Incomplete
30	Vermont,Ginger	54	Registered Nurse	01	07/19/2010 12:15 PM EST	10/03/2010 12:15 PM EST	email@vermont.edu	Incomplete
31	Vermont,James	69	Registered Nurse	01	07/19/2010 12:42 PM EST	10/03/2010 12:42 PM EST	email@vermont.edu	Incomplete
32	Vermont,Webster	109	Registered Nurse	01	07/19/2010 01:38 PM EST	10/03/2010 01:38 PM EST	email@vermont.edu	Incomplete
33	Vermont,Abby	119	Registered Nurse	01	07/19/2010 01:42 PM EST	10/03/2010 01:42 PM EST	email@vermont.edu	Incomplete
34	Vermont,Joseph	608	Nurse's Aide	01	07/19/2010 01:50 PM EST	10/03/2010 01:50 PM EST	email@vermont.edu	Incomplete

RMTS Compliance Status Report

	A	B	C
1	VT RMTS Compliance Status Report		
2	Run Date: 07/20/2010		
3	Run Time: 8:38:00 AM		
4	State: VT		
5	School District: Demo S. U.		
6	Year: 2011		
7	Quarter: 1		
8			
9	Job Code: 01		
10	Total Number of Moments for quarter: 99		
11	Number of Moments occurred to date: 86		
12	Number of Moments completed to date: 79		
13	Number of Moments: Left SD - LOA: 0		
14	Number of Moments not completed and expired: 4		
15	Number of Moments not completed and not expired: 3		
16	Number of Moments completed to date/Total Number of Moments for quarter: 79.80%		
17			

Section IX. Sample Salary and Fringe Benefit Report

EPSDT SCHOOL-BASED QUARTERLY SALARY & FRINGE BENEFIT REPORT

Supervisory Union _____

Contact Person _____

Phone # _____ Quarter Ending: _____

Employee ID Number	Time Study Participant Last Name	Time Study Participant First Name	Job Position	Job Type E/C	Active Y/N
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Federally Funded Percentage of Salary	FTE	Actual Quarterly Salary Paid (100%)	Actual Quarterly Fringe Benefits Paid	Fringe Benefit %	Comments
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